

[Clerks Office Only]  
*Submission Details*  
*No Value*

Name:  
Notice of Supplemental Filing

Email Address:  
*If you provide your email address you are consenting to service by email. You will receive notice of court documents, as well as documents filed by other parties in the case, at the email address you provide and not via U.S. mail*  
markzwanz@gmail.com

Confirm Email Address  
*No Value*

Phone Number  
4233144096

Are you filing a new case?  
*If you are filing a new case, you must pay the filing fee and administrative fee to the Clerk of Court to proceed with your case. If you cannot afford to pay those fees, you must file a motion to proceed without prepayment of the fees, known as a motion to proceed in forma pauperis. Please see the Court's website for instructions regarding how to pay the fees and forms for proceeding in forma pauperis.*  
No, I'm not filing a new case.

Case Caption  
*Enter the caption of the case in which you are filing the same way that the case caption appears on the docket. If you are filing a new case, enter NEW CASE in the field below.*  
Kitchens, M v. National Board of Medical Examiners

Case Number  
*Enter the number of the case in which you are filing. To file a document in more than one case, you must complete this form for each case in which you would like to file the document. Failure to include your case number may result in processing delays and/or the misfiling of your paper. If you do not know your case number, you can contact the Clerk's Office by emailing PAED\_clerksoffice@paed.uscourts.gov. If you are filing a new case, enter NEW CASE in the field below.*  
2:22-cv-03301-JMY

Description of Document(s)  
*Please provide a brief description of the document or documents that you are filing. For example, some common submissions are "Complaint," "Motion to Proceed In Forma Pauperis," "Amended Complaint," "Motion," "Response," "Notice," "Exhibit." The description will assist the Clerk's Office in timely processing your document and will not necessarily appear on the docket.*  
Notice

Terms of Submission  
*By submitting these documents to the Court, I represent the following: (1) I am intending to file, or am submitting on behalf of an individual who intends to file, the attached document(s) with the United States District Court for the Eastern District of Pennsylvania. (2) This filing is made in compliance with Federal Rule of Civil Procedure Rule 11, which requires me to sign documents that I submit to the Court for filing, and all applicable statutes and court rules to the best of my ability. (3) I consent to accept service of all notices and papers regarding this case at the email address I have provided. I understand that I will no longer receive service of orders and other court documents by mail. I agree to promptly notify the Clerk of Court if there is any change to my email address. (4) I understand that use of the EDS system may be terminated for non-compliance or abuse of this privilege.*  
Yes

Do you have a mailing address?  
Yes

Select 'Yes' if you do not have a mailing address.

No Value

Mailing Address Line 1

*Please include a current mailing address where you can be reached by the Court. Enter N/A if you do not have a mailing address.*

625 Hampton Way 2

Mailing Address Line 2

No Value

City:

*Enter NA if not applicable.*

Richmond

State:

*Enter NA if not applicable.*

KY

Zip Code:

*Enter NA if not applicable.*

40475